



## CONDITIONAL USE PERMIT APPLICATION

Department of Planning and Economic Development

Zoning Section

1400 City Hall Annex

25 West Fourth Street

Saint Paul, MN 55102-1634

(651) 266-6589

Zoning office use only

File # \_\_\_\_\_

Fee: \_\_\_\_\_

Tentative Hearing Date: \_\_\_\_\_

### APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name of Owner (if different) \_\_\_\_\_

Contact Person (if different) \_\_\_\_\_ Phone \_\_\_\_\_

### PROPERTY LOCATION

Address / Location \_\_\_\_\_

Legal Description \_\_\_\_\_

\_\_\_\_\_ Current Zoning \_\_\_\_\_

(attach additional sheet if necessary)

TYPE OF PERMIT: Application is hereby made for a Conditional Use Permit under provisions of

Chapter \_\_\_\_\_, Section \_\_\_\_\_, Paragraph \_\_\_\_\_ of the Zoning Code.

**SUPPORTING INFORMATION:** Explain how the use will meet all of the applicable standards and conditions. If you are requesting modification of any special conditions or standards for a conditional use, explain why the modification is needed and how it meets the requirements for modification of special conditions in Section 61.502 of the Zoning Code. Attach additional sheets if necessary.

☐ Required site plan is attached

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ City Agent \_\_\_\_\_